

**The Commonwealth of Massachusetts  
Division of Professional Licensure**

BOARD OF REGISTRATION OF  
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY  
239 CAUSEWAY STREET  
BOSTON, MA 02114  
(617) 727-3071

**WWW.MASS.GOV/DPL/BOARDS/SP**

Amount Received

License No.

\*\*\*\*\* DO NOT WRITE ABOVE THIS LINE \*\*\*\*\*

**APPLICATION FOR LICENSURE**

**Application Fee: \$57.00 for each professional area, made payable to the Commonwealth of Massachusetts:**

\_\_\_\_\_ **Speech-Language Pathologist**

\_\_\_\_\_ **Audiologist**

Please Print or Type all information.

1. NAME:

\_\_\_\_\_ last

\_\_\_\_\_ first

\_\_\_\_\_ middle initial

maiden/other: \_\_\_\_\_

2. RESIDENTIAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ city or town

\_\_\_\_\_ state

\_\_\_\_\_ zip code

(\_\_\_\_\_) \_\_\_\_\_

telephone #

3. BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_ city or town

\_\_\_\_\_ state

\_\_\_\_\_ zip code

(\_\_\_\_\_) \_\_\_\_\_

telephone #

4. EMAIL ADDRESS: \_\_\_\_\_

5. Name as you wish it to appear on your license:

\_\_\_\_\_ first

\_\_\_\_\_ middle initial or name

\_\_\_\_\_ last

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mandatory) M M / D D / YYYY

Pursuant to M.G.L. Ch. 62C, s. 47A, the Division of Professional Licensures is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to determine if you are in compliance the tax laws of the Commonwealth.

6. List all professional licenses/certifications you have held in the United States, or any country or foreign jurisdiction and the state/jurisdiction from which the license certification was originally issued.

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You must have an official letter of verification of licensure sent from each jurisdiction in which you have been licensed.

7. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? \_\_\_\_\_ No \_\_\_\_\_ Yes

If so, please state the details. \_\_\_\_\_

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8. Have you voluntarily surrendered a professional license to a licensing/certification board in the United States or any Country or foreign jurisdiction?

\_\_\_\_\_ No \_\_\_\_\_ Yes If so, please state the details. \_\_\_\_\_

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9. Are you the subject of pending disciplinary action by a licensing/certification board located in the United States or any country or foreign jurisdiction?

\_\_\_\_\_ No \_\_\_\_\_ Yes If so, please state the details. \_\_\_\_\_

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10. Have you been the defendant in a malpractice proceeding resulting in a settlement or a judgment against you?

\_\_\_\_\_ No \_\_\_\_\_ Yes If so, please state the details. \_\_\_\_\_

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11. Have you been convicted of, or admitted to, a criminal offense other than a misdemeanor in the United States or any country or foreign jurisdiction?

\_\_\_\_\_ No \_\_\_\_\_ Yes If so, please state the details. \_\_\_\_\_

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"The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records—and other Federal and professional records—may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board."

12. NATIONAL CERTIFICATION STATUS: Do you possess a current and valid Certificate of Clinical Competence from the American Speech-Language-Hearing Association in the area in which you seek licensure? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you possess a current and valid CCC from ASHA, have ASHA send a verification letter to the Board of Speech Language Pathology and Audiology, then skip to question number 15.**

Education	College or University	Degree Earned/ Date		Concentration
Undergraduate				
Graduate				

**Have Official Transcripts (with the College Seal) from all Higher Education Institutions sent to the Board. Have a copy of required student clock hours sent to the Board.**

13. Did you take the National Examination in the area in which you are seeking licensure?

Yes \_\_\_\_\_ No \_\_\_\_\_ Date Taken: \_\_\_\_\_

**Please have the score sent from Educational Testing Service to the Board. The Reporting Code for the Board is 7421.**

14. SUPERVISED PROFESSIONAL PRACTICE: ("Clinical Fellowship Year" ---- ASHA)

Agency: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

Telephone No.: ( \_\_\_\_\_ ) \_\_\_\_\_

Practice Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Full time \_\_\_\_ Part time \_\_\_\_  
date date

**Send Form 1, Supervised Professional Practice Plan, to the Board within 30 days of employment. Send Form 2, Supervised Professional Practice Report, to the Board upon the completion of the Supervised Professional Practice.**

15. Pursuant to M.G.L.c.62C, s.49A, I have filed all Massachusetts state tax returns and paid all Massachusetts state taxes. Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

16. I agree to abide by the rules and regulations for the licensing of Speech-Language Pathologists and Audiologists as contained in Title 260 of the Code of Massachusetts Regulations and attest that all statements herein are truthful and are made under the pains and penalties of perjury.

Applicant's signature-signed in the presence of a Notary Public

Date: M M / D D / YYYY

Signature of Notary Public

Date Notary's Commission Expires: M M / D D / YYYY

Place a 2" by 2"  
original photo of  
yourself in this box.